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Bib Data Sheet

CONFIRMATION NO. 1849

SERIAL NUMBER 10/632,121	FILING DATE 07/31/2003  RULE	CLASS 607	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 1023-118US01
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *KCW*

IF REQUIRED; FOREIGN FILING LICENSE GRANTED  
 \*\* 10/29/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Kenneth C. Williams</i> Examiner's Signature Initials	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 5
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TITLE  
 Brain injury protocols

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